

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 033171-30		
CERTIFICATE OF MAILING OR TRANSMISSION	In re Application of Oliver HORN et al.			
[37 CFR 1.8(a)]	Application Number 10/658,746	Filed 09-10-2003		
I hereby certify that this correspondence is being deposited with the United States Postal Service with	For DEVICE FOR CLIMATE CONTROL OF A DRIVER'S BED			
sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment. Commissioner for Patents. P.O. Box 1430. Alexandria, Virginia 22313-1450, or being firesimile transmitted to the USP FO at 703-872-9306, on February 4, 2005. Signature: M. M. R. Reguer.	Group Art Unit 3753	Examiner John K. Ford		
Name: Kathleen M. McManus				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and appropriate entity fee are as follows (check time period desired):				
One month (37 CFR 1.17	© One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$120.00			
☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$		
☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$		
☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$		\$		
☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$_		\$		
Applicant claims small entity status.				
☐ A check to cover the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.				
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(033171-30). I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of recor	attorney or agent of record.			
	Registration number if acting under 37 CFR 1.34(a)			
Signature	Februar	y 4, 2005		
,	<u></u>	Date		
David S. Sa Typed or printed nat		-8094 Telephone Number		
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple				
forms if more than one signature is required, see below.				
lotal of forms are submitted.				

SEND 10: Commissioner for Patients P.O. Box 1450 Alexandria, VA 22313-1450



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attorney or agent under 37 CFR 1.34(a).				
Registration number if acting under 37 CFR 1.34(a)				
Signature	Februar	y 4, 2005 Date		
David S. Sa	// Man 703-827			
Typed or printed name Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of forms an submitted				

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